

<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Not for submission under 37 CFR 1.99)	Application Number	10/594,127
	Confirmation Number	8975
	Filing Date	September 25, 2006
	First Named Inventor	Akio SUGIHARA
	Art Unit	1625
	Examiner Name	Niloofar RAHMANI
	Attorney Docket Number	Q97391

U.S. PATENTS						
Examiner Initials*	Cite No	Patent Number	Kind Code <sup>1</sup>	Issue Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

U.S. PATENT APPLICATION PUBLICATIONS						
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FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No	Foreign Document Number <sup>3</sup>	Country Code <sup>2</sup>	Kind Code <sup>4</sup>	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>5</sup>

NON-PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	T <sup>5</sup>
	1.	European Communication, dated August 3, 2011, issued in Application No. 09014500.4	

EXAMINER SIGNATURE			
Examiner Signature	/Niloofar Rahmani/		Date Considered 09/12/2011

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /N.R./

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### CERTIFICATION STATEMENT

Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):

- ☒ That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(1).

OR

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- ☒ Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

- ☒ The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

- ☐ None

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CUSTOMER NUMBER

### SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Jennifer M. Hayes/	Date (YYYY-MM-DD)	2011-08-16
Name/Print	Jennifer M. Hayes	Registration Number	40,641

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/Niloofar Rahmani/

09/12/2011

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